

## PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 AN ACT *to repeal* 149.10 (8b), 149.14 (3) (a) to (r), 149.14 (4), 149.14 (4c), 149.14  
2 (8), 149.15 (3) (c), 149.15 (3) (f), 149.15 (5) and 149.16; *to renumber and*  
3 *amend* 149.14 (3) (intro.); *to amend* 25.55 (3), 149.10 (3), 149.11, 149.12 (3) (c),  
4 149.13 (1), 149.13 (3), 149.13 (4), 149.14 (5) (d), 149.14 (5) (e), 149.14 (5m) (c),  
5 149.14 (7) (b) and (c), 149.142 (1), 149.143 (1) (intro.), 149.143 (1) (b) 1. d.,  
6 149.143 (1) (b) 2. a., 149.143 (1) (b) 2. b., 149.143 (2) (a) (intro.), 149.143 (2) (a)  
7 2., 149.143 (2) (a) 4., 149.143 (2) (b), 149.143 (2m) (a) (intro.), 149.143 (2m) (b)  
8 2., 149.143 (2m) (b) 3., 149.143 (3) (a), 149.143 (3) (b), 149.143 (3m), 149.143 (4),  
9 149.143 (5), 149.144, 149.145, 149.146 (1) (b), 149.146 (2) (a), 149.146 (2) (am)  
10 4., 149.146 (2) (am) 5., 149.146 (2) (b) (intro.), 149.146 (2) (b) 1., 149.15 (1),  
11 149.165 (1), 149.165 (2), 149.165 (3) (a), 149.165 (3) (b) (intro.), 149.17 (4),  
12 149.175, 149.20, 149.25 (2) (a), 149.25 (2) (c) 1., 149.25 (2) (c) 2., 149.25 (3) (a)  
13 (intro.) and 149.25 (4); *to repeal and recreate* 149.13 (2); and *to create* 149.10  
14 (2p), 149.10 (2r), 149.132, 149.143 (1) (b) 2. am., 149.143 (2) (a) 3m., 149.15 (3)  
15 (b), 149.15 (3) (e), 149.15 (3) (em), 149.15 (4) (c) and 450.10 (2m) of the statutes;

1 relating to: making various miscellaneous changes to the Health Insurance  
2 Risk-Sharing Plan and granting rule-making authority.

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*Analysis by the Legislative Reference Bureau*

This draft will be converted to an amendment to the budget.

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*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

3 SECTION 1. 25.55 (3) of the statutes is amended to read:

4 25.55 (3) Insurer and drug manufacturer and distributor assessments under  
5 ch. 149.

6 SECTION 2. 149.10 (2p) of the statutes is created to read:

7 149.10 (2p) "Drug distributor" means a person licensed by the pharmacy  
8 examining board under s. 450.07 (2).

9 SECTION 3. 149.10 (2r) of the statutes is created to read:

10 149.10 (2r) "Drug manufacturer" means a person licensed by the pharmacy  
11 examining board under s. 450.07 (1).

12 SECTION 4. 149.10 (3) of the statutes is amended to read:

13 149.10 (3) "Eligible person" means a resident of this state who qualifies under  
14 s. 149.12 whether or not the person is legally responsible for the payment of medical  
15 expenses incurred on the person's behalf.

X 16 SECTION 5. 149.10 (8b) of the statutes is repealed.

17 SECTION 6. 149.11 of the statutes is amended to read:

18 149.11 Operation of plan. The department board shall promulgate rules for  
19 the design and operation of a plan of health insurance coverage for ~~X~~ eligible persons  
20 which that satisfies the requirements of this chapter.

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1 SECTION 7. 149.12 (3) (c) of the statutes is amended to read:

2 149.12 (3) (c) The department board may promulgate rules specifying other  
3 deductible or coinsurance amounts that, if paid or reimbursed for persons, will not  
4 make the persons ineligible for coverage under the plan.

5 SECTION 8. 149.13 (1) of the statutes is amended to read:

6 149.13 (1) Every insurer shall participate in the cost of administering the plan,  
7 except that the commissioner may by rule exempt as a class those insurers whose  
8 share as determined under sub. (2) would be so minimal as to not to exceed the  
9 estimated cost of levying the assessment. The commissioner shall advise the  
10 department board of the insurers participating in the cost of administering the plan.

11 SECTION 9. 149.13 (2) of the statutes is repealed and recreated to read:

12 149.13 (2) Each insurer's share of the operating, administrative, and subsidy  
13 expenses of the plan shall be determined by the commissioner in the following  
14 manner:

15 (a) First, the commissioner shall divide all insurers into 2 groups, depending  
16 on whether an insurer is a stop-loss carrier, or reinsurance.

17 (b) Next, the commissioner shall determine the number of residents covered  
18 during the preceding calendar year by the group of insurers that are not stop-loss, or

19 carriers and the number of residents covered during the preceding calendar year by  
20 the group of insurers that are stop-loss carriers. The commissioner shall then  
21 apportion to each group of insurers the proportion of the total assessments estimated

22 by the board under s. 149.143 (2) (a) 3. that the number of residents covered by the  
23 group bears to the total number of residents covered by both groups combined.

24 (c) Next, the commissioner shall determine the health care coverage revenue  
25 of each insurer for residents during the preceding calendar year and the aggregate

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1 health care coverage revenue of each insurer group determined under par. (a) for  
2 residents during the preceding calendar year. Except as provided in sub. (1), each  
3 insurer shall share in the total estimated assessments apportioned under par. (b) to  
4 the insurer's group in the proportion that the insurer's total health care coverage  
5 revenue for residents during the preceding calendar year bears to the aggregate  
6 health care coverage revenue of all insurers in the insurer's group for residents  
7 during the preceding calendar year, as determined by the commissioner.

8 SECTION 10. 149.13 (3) of the statutes is amended to read:

9 149.13 (3) (a) Each insurer's proportion of participation under sub. (2) shall be  
10 determined annually by the commissioner based on annual statements and other  
11 reports filed by the insurer with the commissioner. The commissioner shall assess  
12 an insurer for the insurer's proportion of participation ~~based on the total~~  
13 ~~assessments estimated by the department under s. 149.143 (2) (a) 3.~~

14 (b) If the department ~~or the~~ commissioner, or board finds that the  
15 commissioner's authority to require insurers to report under chs. 600 to 646 and 655  
16 is not adequate to permit the department, the commissioner, or the board to carry out  
17 the department's, commissioner's, or board's responsibilities under this chapter, the  
18 commissioner shall promulgate rules requiring insurers to report the information  
19 necessary for the department, commissioner, and board to make the determinations  
20 required under this chapter.

21 SECTION 11. 149.13 (4) of the statutes is amended to read:

22 149.13 (4) Notwithstanding subs. (1) to (3), the department ~~department board~~, with the  
23 agreement of the commissioner, may perform various administrative functions  
24 related to the assessment of insurers participating in the cost of administering the  
25 plan.

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1           **SECTION 12.** 149.132 of the statutes is created to read:

2           **149.132 Participation of drug manufacturers and distributors.** (1) For  
3           the privilege of doing business in the state, every drug manufacturer and drug  
4           distributor shall share in the operating, administrative, and subsidy expenses of the  
5           plan in the manner provided in ss. 149.143 and 149.144, except that the board may  
6           by rule exempt as a class those drug manufacturers and drug distributors whose  
7           share as determined under sub. (2) would be so minimal as not to exceed the  
8           estimated cost of levying the assessment.

9           (2) The board shall determine the methodology for assessing drug  
10          manufacturers and drug distributors, including each drug manufacturer's or  
11          distributor's proportion of participation in the costs of the plan. Assessments shall  
12          be determined annually and shall be based on a drug manufacturer's or distributor's  
13          gross revenues derived from business done in the state in the preceding calendar  
14          year. In determining the assessments under this section, the board shall consider  
15          a drug manufacturer's or distributor's gross revenues in the preceding calendar year  
16          from prescription drugs provided to residents receiving medical assistance, as  
17          determined by the department.

18          (3) The department shall advise the pharmacy examining board of the  
19          assessment amounts that must be levied. The pharmacy examining board shall levy  
20          and collect the assessments and forward the amounts collected to the department for  
21          deposit in the health insurance risk-sharing plan fund.

22          **SECTION 13.** 149.14 (3) (intro.) of the statutes is renumbered 149.14 (3) and  
23          amended to read:

24          **149.14 (3) COVERED EXPENSES.** Except as ~~provided in sub. (4), except as~~  
25          restricted by cost containment provisions under s. 149.17 (4) and except as reduced

1 by the department board under ss. 149.143 and 149.144, covered expenses for the  
2 coverage under this section shall be the payment rates established ~~by the~~  
3 department under s. 149.142 for the services provided by persons licensed under ch.  
4 446 and certified under s. 49.45 (2) (a) 11. Except as ~~provided in sub. (4), except as~~  
5 restricted by cost containment provisions under s. 149.17 (4) and except as reduced  
6 by the department board under ss. 149.143 and 149.144, covered expenses for the  
7 coverage under this section shall also be the payment rates established ~~by the~~  
8 department under s. 149.142 for the following services and articles specified by the  
9 board if the service or article is prescribed by a physician who is licensed under ch.  
10 448 or in another state and who is certified under s. 49.45 (2) (a) 11. and if the service  
11 or article is provided by a provider certified under s. 49.45 (2) (a) 11.:

X 12 SECTION 14. 149.14 (3) (a) to (r) of the statutes are repealed.

X 13 SECTION 15. 149.14 (4) of the statutes is repealed.

X 14 SECTION 16. 149.14 (4c) of the statutes is repealed.

15 SECTION 17. 149.14 (5) (d) of the statutes is amended to read:

16 149.14 (5) (d) Notwithstanding pars. (a) to (c), the department board may  
17 establish different deductible amounts, a different coinsurance percentage, and  
18 different covered costs and deductible aggregate amounts from those specified in  
19 pars. (a) to (c) in accordance with cost containment provisions established by the  
20 department board under s. 149.17 (4). ✓

21 SECTION 18. 149.14 (5) (e) of the statutes is amended to read:

22 149.14 (5) (e) ~~Subject to sub. (8) (b), the department~~ The board may, by rule  
23 under s. 149.17 (4), establish for prescription drug coverage under ~~sub. (3) (d) this~~  
24 section copayment amounts, coinsurance rates, and copayment and coinsurance  
25 out-of-pocket limits over which the plan will pay 100% of covered costs ~~under sub.~~

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1 ~~(3) (d). Any copayment amount, coinsurance rate, or out-of-pocket limit established~~  
2 ~~under this paragraph is subject to the approval of the board for prescription drugs.~~

3 Copayments and coinsurance paid by an eligible person under this paragraph are  
4 separate from and do not count toward the deductible and covered costs not paid by  
5 the plan under pars. (a) to (c).

6 SECTION 19. 149.14 (5m) (c) of the statutes is amended to read:

7 149.14 (5m) (c) Other economic factors that the department ~~and the board~~  
8 ~~consider~~ considers relevant.

9 SECTION 20. 149.14 (7) (b) and (c) of the statutes are amended to read:

10 149.14 (7) (b) The department ~~board~~ has a cause of action against an eligible  
11 participant person for the recovery of the amount of benefits paid ~~which that~~ are not  
12 for covered expenses under the plan. Benefits under the plan may be reduced or  
13 refused as a setoff against any amount recoverable under this paragraph.

14 (c) The department ~~board~~ is subrogated to the rights of an eligible person to  
15 recover special damages for illness or injury to the person caused by the act of a 3rd  
16 person to the extent that benefits are provided under the plan. Section 814.03 (3)  
17 applies to the department ~~board~~ under this paragraph.

X 18 SECTION 21. 149.14 (8) of the statutes is repealed.

19 SECTION 22. 149.142 (1) of the statutes is amended to read:

20 149.142 (1) (a) Except as provided in par. (b), the department ~~board~~, in  
21 consultation with the department, shall establish payment rates for covered  
22 expenses that consist of the allowable charges paid under s. 49.46 (2) for the services  
23 and articles provided plus an enhancement determined by the department ~~board~~.  
24 The rates shall be based on the allowable charges paid under s. 49.46 (2), projected  
25 plan costs, and trend factors. Using the same methodology that applies to medical

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1 assistance Medical Assistance under subch. IV of ch. 49, the department board shall  
2 establish hospital outpatient per visit reimbursement rates and hospital inpatient  
3 reimbursement rates that are specific to diagnostically related groups of eligible  
4 persons.

5 (b) The payment rate for a prescription drug shall be the allowable charge paid  
6 under s. 49.46 (2) (b) ~~6~~ h. for the prescription drug. Notwithstanding s. 149.17 (4),  
7 the department board may not reduce the payment rate for prescription drugs below  
8 the rate specified in this paragraph, and the rate may not be adjusted under s.  
9 149.143 or 149.144.

10 SECTION 23. 149.143 (1) (intro.) of the statutes is amended to read:

11 149.143 (1) (intro.) The department shall pay or recover the operating costs of  
12 the plan from the appropriation under s. 20.435 (4) (v) and administrative costs of  
13 the plan from the appropriation under s. 20.435 (4) (u). For purposes of determining  
14 premiums, insurer and drug manufacturer and distributor assessments, and  
15 provider payment rate adjustments, the department board shall apportion and  
16 prioritize responsibility for payment or recovery of plan costs from among the  
17 moneys constituting the fund as follows:

18 SECTION 24. 149.143 (1) (b) 1. d. of the statutes is amended to read:

19 149.143 (1) (b) 1. d. Fourth, notwithstanding subd. 2., by increasing insurer  
20 assessments, excluding assessments under s. 149.144, increasing drug  
21 manufacturer and drug distributor assessments, excluding assessments under s.  
22 149.144, and adjusting provider payment rates, subject to s. 149.142 (1) (b) and  
23 excluding adjustments to those rates under s. 149.144, in equal proportions and to  
24 the extent that the amounts under subd. 1. a. to c. are insufficient to pay 60% of plan  
25 costs.



1       SECTION 25. 149.143 (1) (b) 2. a. of the statutes is amended to read:

2       149.143 (1) (b) 2. a. ~~Fifty percent~~ One-third from insurer assessments,  
3       excluding assessments under s. 149.144.

4       SECTION 26. 149.143 (1) (b) 2. am. of the statutes is created to read:

5       149.143 (1) (b) 2. am. One-third from drug manufacturer and drug distributor  
6       assessments, excluding assessments under s. 149.144.

7       SECTION 27. 149.143 (1) (b) 2. b. of the statutes is amended to read:

8       149.143 (1) (b) 2. b. ~~Fifty percent~~ One-third from adjustments to provider  
9       payment rates, subject to s. 149.142 (1) (b) and excluding adjustments to those rates  
10      under s. 149.144.

11      SECTION 28. 149.143 (2) (a) (intro.) of the statutes is amended to read: ✓

12      149.143 (2) (a) (intro.) Prior to each plan year, the department board shall  
13      estimate the operating and administrative costs of the plan and the costs of the  
14      premium reductions under s. 149.165 and the deductible reductions under s. 149.14  
15      (5) (a) for the new plan year and do all of the following:


16      SECTION 29. 149.143 (2) (a) 2. of the statutes is amended to read:

17      149.143 (2) (a) 2. After making the determinations under subd. 1., by rule set  
18      premium rates for the new plan year, including the rates under s. 149.146 (2) (b), in  
19      the manner specified in sub. (1) (b) 1. a. and c. and such that a rate for coverage under  
20      s. 149.14 (2) (a) is ~~approved by the board and is~~ not less than 140% nor more than  
21      200% of the rate that a standard risk would be charged under an individual policy  
22      providing substantially the same coverage and deductibles as are provided under the  
23      plan.

24      SECTION 30. 149.143 (2) (a) 3m. of the statutes is created to read:

1 149.143 (2) (a) 3m. By the same rule as under subd. 3., set the total drug  
2 manufacturer and drug distributor assessments under s. 149.132 for the new plan  
3 year by estimating and setting the assessments at the amount necessary to equal the  
4 amounts specified in sub. (1) (b) 1. d. and 2. am. and notify the pharmacy examining  
5 board of the amount.


6 SECTION 31. 149.143 (2) (a) 4. of the statutes is amended to read:

7 149.143 (2) (a) 4. By the same rule as under ~~subd. 3.~~ subds. 3. and 3m., adjust  
8 the provider payment rate for the new plan year, subject to s. 149.142 (1) (b), by  
9 estimating and setting the rate at the level necessary to equal the amounts specified  
10 in sub. (1) (b) 1. d. and 2. b. and as provided in s. 149.145. OK 

11 SECTION 32. 149.143 (2) (b) of the statutes is amended to read:

12 149.143 (2) (b) In setting the premium rates under par. (a) 2., the insurer  
13 assessment amount under par. (a) 3., the drug manufacturer and drug distributor  
14 assessment amount under par. (a) 3m., and ~~the~~ ✓ provider payment rate under par. (a)  
15 4. for the new plan year, the ~~department~~ board shall include any increase or decrease  
16 necessary to reflect the amount, if any, by which the rates and amount set under par.  
17 (a) for the current plan year differed from the rates and amount which would have  
18 equaled the amounts specified in sub. (1) (b) in the current plan year.

19 SECTION 33. 149.143 (2m) (a) (intro.) of the statutes ~~is~~ ✓ amended to read:

20 149.143 (2m) (a) (intro.) The ~~department~~ board shall keep a separate  
21 accounting of the difference between the following:  9  
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22 SECTION 34. 149.143 (2m) (b) 2. of the statutes is amended to read:

23 149.143 (2m) (b) 2. For other needs of eligible persons, ~~with the approval of the~~  
24 ~~board.~~

25 SECTION 35. 149.143 (2m) (b) 3. of the statutes is amended to read:

1        149.143 (2m) (b) 3. For distribution to eligible persons, notwithstanding any  
2 requirements in this chapter related to setting premium amounts. The department  
3 board, with the approval of the board and the concurrence of the plan actuary, shall  
4 determine the policies, eligibility criteria, methodology, and other factors to be used  
5 in making any distribution under this subdivision.

6        SECTION 36. 149.143 (3) (a) of the statutes is amended to read:

7        149.143 (3) (a) If, during a plan year, the department board determines that  
8 the amounts estimated to be received as a result of the rates and amount set under  
9 sub. (2) (a) 2. to 4. and any adjustments in insurer and drug manufacturer and drug  
10 distributor assessments and the provider payment rate under s. 149.144 will not be  
11 sufficient to cover plan costs, the department board may by rule increase the  
12 premium rates set under sub. (2) (a) 2. for the remainder of the plan year, subject to  
13 s. 149.146 (2) (b) and the maximum specified in sub. (2) (a) 2., by rule increase the  
14 assessments set under sub. (2) (a) 3. and 3m. for the remainder of the plan year,  
15 subject to sub. (1) (b) 2. a. and am., and by the same rule under which assessments  
16 are increased adjust the provider payment rate set under sub. (2) (a) 4. for the  
17 remainder of the plan year, subject to sub. (1) (b) 2. b. and s. 149.142 (1) (b).

18        SECTION 37. 149.143 (3) (b) of the statutes is amended to read:

19        149.143 (3) (b) If the department board increases premium rates and insurer  
20 and drug manufacturer and drug distributor assessments and adjusts the provider  
21 payment rate under par. (a) and determines that there will still be a deficit and that  
22 premium rates have been increased to the maximum extent allowable under par. (a),  
23 the department board may further adjust, in equal proportions, assessments set  
24 under sub. (2) (a) 3. and 3m. and the provider payment rate set under sub. (2) (a) 4.,  
25 without regard to sub. (1) (b) 2. but subject to s. 149.142 (1) (b).

SECTION 38. 149.143 (3m) of the statutes is amended to read:

149.143 (3m) Subject to s. 149.14 (4m), insurers, drug manufacturers, drug distributors, and providers may recover in the normal course of their respective businesses without time limitation assessments or provider payment rate adjustments used to recoup any deficit incurred under the plan.

SECTION 39. 149.143 (4) of the statutes is amended to read:

149.143 (4) Using the procedure under s. 227.24, the department board may promulgate rules under sub. (2) or (3) for the period before the effective date of any permanent rules promulgated under sub. (2) or (3), but not to exceed the period authorized under s. 227.24 (1) (c) and (2). Notwithstanding s. 227.24 (1) and (3), the department board is not required to make a finding of emergency.

SECTION 40. 149.143 (5) of the statutes is amended to read:

149.143 (5) (a) Annually, no later than April 30, the department board shall perform a reconciliation with respect to plan costs, premiums, insurer assessments, drug manufacturer and drug distributor assessments, and provider payment rate adjustments based on data from the previous calendar year. On the basis of the reconciliation, the department board shall make any necessary adjustments in premiums, insurer assessments, drug manufacturer or distributor assessments, or provider payment rates, subject to s. 149.142 (1) (b), for the fiscal year beginning on the first July 1 after the reconciliation, as provided in sub. (2) (b).

(b) Except as provided in sub. (3) and s. 149.144, the department board shall adjust the provider payment rates to meet the providers' specified portion of the plan costs no more than once annually, subject to s. 149.142 (1) (b). ~~The department board may not determine the adjustment on an individual provider basis or on the basis~~

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1 ~~of provider type, but shall determine the adjustment for all providers in the~~  
2 ~~aggregate, subject to s. 149.142 (1) (b).~~

3 SECTION 41. 149.144 of the statutes is amended to read:

4 **149.144 Adjustments to insurer assessments and provider payment**  
5 **rates for premium and deductible reductions.** If the moneys transferred to the  
6 fund under the appropriation under s. 20.435 (4) (ah) are insufficient to reimburse  
7 the plan for premium reductions under s. 149.165 and deductible reductions under  
8 s. 149.14 (5) (a), or the department board determines that the moneys transferred or  
9 to be transferred to the fund under the appropriation under s. 20.435 (4) (ah) will be  
10 insufficient to reimburse the plan for premium reductions under s. 149.165 and  
11 deductible reductions under s. 149.14 (5) (a), the department board may, by rule,  
12 adjust in equal proportions the ~~amount~~ amounts of the ~~assessment~~ assessments set  
13 under s. 149.143 (2) (a) 3. ~~and 3m.~~ and the provider payment rate set under s. 149.143  
14 (2) (a) 4., subject to ss. 149.142 (1) (b) and 149.143 (1) (b) 1., sufficient to reimburse  
15 the plan for premium reductions under s. 149.165 and deductible reductions under  
16 s. 149.14 (5) (a). If the department board makes the adjustment under this section,  
17 the ~~department board~~ department board shall notify the commissioner and the pharmacy examining  
18 board so that the commissioner may levy any necessary increase in insurer  
19 assessments and the pharmacy examining board may levy any necessary increase  
20 in drug manufacturer and drug distributor assessments.

21 SECTION 42. 149.145 of the statutes is amended to read:

22 **149.145 Program budget.** The department, ~~in consultation with the board,~~  
23 shall establish a program budget for each plan year. The program budget shall be  
24 based on the provider payment rates specified in s. 149.142 and in the most recent  
25 provider contracts that are in effect and on the funding sources specified in s. 149.143

1 (1), including the methodologies specified in ss. 149.143, 149.144, and 149.146 for  
2 determining premium rates, insurer and drug manufacturer and distributor  
3 assessments, and provider payment rates. Except as otherwise provided in s.  
4 149.143 (3) (a) and (b) and subject to s. 149.142 (1) (b), from the program budget the  
5 department board shall derive the actual provider payment rate for a plan year that  
6 reflects the providers' proportional share of the plan costs, consistent with ss.  
7 149.143 and 149.144. ~~The department may not implement a program budget~~  
8 ~~established under this section unless it is approved by the board.~~

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9 SECTION 43. 149.146 (1) (b) of the statutes is amended to read:

10 149.146 (1) (b) An eligible person under par. (a) may elect once each year, at  
11 the time and according to procedures established by the department board, among  
12 the coverages offered under this section and s. 149.14. If an eligible person elects new  
13 coverage, any preexisting condition exclusion imposed under the new coverage is met  
14 to the extent that the eligible person has been previously and continuously covered  
15 under this chapter. No preexisting condition exclusion may be imposed on an eligible  
16 person who elects new coverage if the person was an eligible individual when first  
17 covered under this chapter and the person remained continuously covered under this  
18 chapter up to the time of electing the new coverage.

19 SECTION 44. 149.146 (2) (a) of the statutes is amended to read:

20 149.146 (2) (a) Except as specified by the department board, the terms of  
21 coverage under s. 149.14, including deductible reductions under s. 149.14 (5) (a), do  
22 not apply to the coverage offered under this section. Premium reductions under s.  
23 149.165 do not apply to the coverage offered under this section.

24 SECTION 45. 149.146 (2) (am) 4. of the statutes is amended to read:

1 149.146 (2) (am) 4. Notwithstanding subds. 1. to 3., the ~~department~~ board may  
2 establish different deductible amounts, a different coinsurance percentage, and  
3 different covered costs and deductible aggregate amounts from those specified in  
4 subds. 1. to 3. in accordance with cost containment provisions established by the  
5 department board under s. 149.17 (4).

6 SECTION 46. 149.146 (2) (am) 5. of the statutes is amended to read:

7 149.146 (2) (am) 5. ~~Subject to s. 149.14 (8) (b), the department~~ The board may,  
8 by rule under s. 149.17 (4), establish for prescription drug coverage under this section  
9 copayment amounts, coinsurance rates, and copayment and coinsurance  
10 out-of-pocket limits over which the plan will pay 100% of covered costs for  
11 prescription drugs. ~~Any copayment amount, coinsurance rate, or out-of-pocket~~  
12 ~~limit established under this subdivision is subject to the approval of the board.~~  
13 Copayments and coinsurance paid by an eligible person under this subdivision are  
14 separate from and do not count toward the deductible and covered costs not paid by  
15 the plan under subds. 1. to 3.

16 SECTION 47. 149.146 (2) (b) (intro.) of the statutes is amended to read:

17 149.146 (2) (b) (intro.) The schedule of premiums for coverage under this  
18 section shall be promulgated by rule by the ~~department~~ board, as provided in s.  
19 149.143. The rates for coverage under this section shall be set such that they differ  
20 from the rates for coverage under s. 149.14 (2) (a) by the same percentage as the  
21 percentage difference between the following:

22 SECTION 48. 149.146 (2) (b) 1. of the statutes is amended to read:

23 149.146 (2) (b) 1. The rate that a standard risk would be charged under an  
24 individual policy providing substantially the same coverage and deductibles as  
25 provided under s. 149.14 (2) (a) and (5) ~~(a) or (d)~~.

also need (15)  
"e" - just stay  
or just stay  
with " (5) "

SECTION 49. 149.15 (1) of the statutes is amended to read:

149.15 (1) The plan shall have operate under the direction of a board of governors consisting of representatives of 2 participating insurers that are nonprofit corporations, representatives of 2 other participating insurers, ~~4~~ health care provider representatives, including one representative of the State Wisconsin Medical Society ~~of Wisconsin~~, one representative of the Wisconsin Health and Hospital Association, and one representative of an integrated multidisciplinary health system, and 4 public members, including one representative of small businesses in the state, appointed by the secretary for staggered 3-year terms. In addition, the commissioner, or a designated representative from the office of the commissioner, and the secretary, or a designated representative from the department, shall be ex officio nonvoting members of the board. The public members shall not be professionally affiliated with the practice of medicine, a hospital, or an insurer. At least one of the public members shall be an individual who has coverage under the plan. The secretary or the secretary's representative shall be board annually shall select the chairperson of the board. Board members, except the commissioner or the commissioner's representative and the secretary or the secretary's representative, shall be compensated at the rate of \$50 per diem plus actual and necessary expenses.

(16)  
one rep.  
representative of the  
Pharmaceutical  
Association  
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SECTION 50. 149.15 (3) (b) of the statutes is created to read:

149.15 (3) (b) Establish by rule the plan design, including covered benefits and copayment and deductible amounts. At least every 3 years, the board shall conduct a survey of health care plans available in the private market and make any adjustments to the plan that the board determines are advisable on the basis of the survey. Using the procedure under s. 227.24, the board may promulgate rules under

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1 this paragraph for the period before the effective date of any permanent rules  
2 promulgated under this paragraph, but not to exceed the period authorized under s.  
3 227.24 (1) (c) and (2). Notwithstanding s. 227.24 (1) and (3), the board is not required  
4 to make a finding of emergency.

X 5 SECTION 51. 149.15 (3) (c) of the statutes is repealed.

6 SECTION 52. 149.15 (3) (e) of the statutes is created to read:

7 149.15 (3) (e) Select a plan administrator in a competitive,  
8 request-for-proposals process and enter into a contract with the person selected.

9 SECTION 53. 149.15 (3) (em) of the statutes is created to read:

10 149.15 (3) (em) Contract with persons to provide professional services to the  
11 board and the plan.

12 SECTION 54. 149.15 (3) (f) of the statutes is repealed.

13 SECTION 55. 149.15 (4) (c) of the statutes is created to read:

14 149.15 (4) (c) Notwithstanding ss. 625.11 (4) and 628.34 (3) (a) and any  
15 requirements in this chapter related to setting premium rates or amounts, establish  
16 for eligible persons with household incomes that exceed \$100,000 a separate  
17 schedule of premium rates that are higher than the rates set for other eligible  
18 persons. Premium rates established under this paragraph may not exceed 200% of  
19 the rate that a standard risk would be charged under an individual policy providing  
20 substantially the same coverage and deductibles that are provided under the plan.  
21 Notwithstanding s. 149.143 (2m) (b), the board may use excess premiums collected  
22 under a schedule established under this paragraph to reduce premiums for eligible  
23 persons with low household incomes, as determined by the board.

X 24 SECTION 56. 149.15 (5) of the statutes is repealed.

X 25 SECTION 57. 149.16 of the statutes is repealed.

1 SECTION 58. 149.165 (1) of the statutes is amended to read:

2 149.165 (1) Except as provided in s. 149.146 (2) (a), the department board shall ✓  
3 reduce the premiums established ~~under s. 149.11~~ in conformity with ss. 149.14 (5m),  
4 149.143, and 149.17 for the eligible persons and in the manner set forth in subs. (2)  
5 and (3).

6 SECTION 59. 149.165 (2) of the statutes is amended to read:

7 149.165 (2) (a) Subject to sub. (3m), if the household income, as defined in s.  
8 71.52 (5) and as determined under sub. (3), of an eligible person with coverage under  
9 s. 149.14 (2) (a) is equal to or greater than the first amount and less than the 2nd  
10 amount listed in any of the following, the department board shall reduce the  
11 premium for the eligible person to the rate shown after the amounts:

12 1. If equal to or greater than \$0 and less than \$10,000, to 100% of the rate that  
13 a standard risk would be charged under an individual policy providing substantially  
14 the same coverage and deductibles as provided under s. 149.14 (2) (a) and (5) (a) or

15 (d).

16 2. If equal to or greater than \$10,000 and less than \$14,000, to 106.5% of the  
17 rate that a standard risk would be charged under an individual policy providing  
18 substantially the same coverage and deductibles as provided under s. 149.14 (2) (a)  
19 and (5) (a) or (d).

20 3. If equal to or greater than \$14,000 and less than \$17,000, to 115.5% of the  
21 rate that a standard risk would be charged under an individual policy providing  
22 substantially the same coverage and deductibles as provided under s. 149.14 (2) (a)  
23 and (5) (a) or (d).

24 4. If equal to or greater than \$17,000 and less than \$20,000, to 124.5% of the  
25 rate that a standard risk would be charged under an individual policy providing

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1 substantially the same coverage and deductibles as provided under s. 149.14 (2) (a)  
2 and (5) (a) or (d). (21)

3 5. If equal to or greater than \$20,000 and less than \$25,000, to 130% of the rate  
4 that a standard risk would be charged under an individual policy providing  
5 substantially the same coverage and deductibles as provided under s. 149.14 (2) (a)  
6 and (5) (a) or (d). (22)

7 (bc) Subject to sub. (3m), if the household income, as defined in s. 71.52 (5) and  
8 as determined under sub. (3), of an eligible person with coverage under s. 149.14 (2)  
9 (b) is equal to or greater than the first amount and less than the 2nd amount listed  
10 in par. (a) 1., 2., 3., 4., or 5., the department board shall reduce the premium  
11 established for the eligible person by the same percentage as the department board  
12 reduces, under par. (a), the premium established for an eligible person with coverage  
13 under s. 149.14 (2) (a) who has a household income specified in the same subdivision  
14 under par. (a) as the household income of the eligible person with coverage under s.  
15 149.14 (2) (b).

16 SECTION 60. 149.165 (3) (a) of the statutes is amended to read:

17 149.165 (3) (a) Subject to par. (b), the department board shall establish and  
18 implement the method for determining the household income of an eligible person  
19 under sub. (2).

20 SECTION 61. 149.165 (3) (b) (intro.) of the statutes is amended to read:

21 149.165 (3) (b) (intro.) In determining household income under sub. (2), the  
22 department board shall consider information submitted by an eligible person on a  
23 completed federal profit or loss from farming form, schedule F, if all of the following  
24 apply:

25 SECTION 62. 149.17 (4) of the statutes is amended to read:

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1           149.17 (4) Cost containment provisions established by the department board  
2 by rule, including managed care requirements.

3           SECTION 63. 149.175 of the statutes is amended to read:

4           **149.175 Waiver or exemption from provisions prohibited.** Except as  
5 provided in s. 149.13 (1), the department or the board may not waive, ~~or authorize~~  
6 ~~the board to waive,~~ any of the requirements of this chapter or exempt, ~~or authorize~~  
7 ~~the board to exempt,~~ an individual or a class of individuals from any of the  
8 requirements of this chapter.

9           SECTION 64. 149.20 of the statutes is amended to read:

10          **149.20 Rule-making in consultation with Rules to be approved by**  
11 **board.** ~~In promulgating any~~ Any rules proposed by the department under this  
12 chapter, ~~the department shall consult with~~ may not be promulgated without the  
13 approval of the board.

14          SECTION 65. 149.25 (2) (a) of the statutes is amended to read:

15          149.25 (2) (a) The ~~department and the board~~ shall conduct a 3-year pilot  
16 program, beginning on July 1, 2002, under which eligible persons who qualify under  
17 par. (b) are provided community-based case management services.

18          SECTION 66. 149.25 (2) (c) 1. of the statutes is amended to read:

19          149.25 (2) (c) 1. Participation in the pilot program shall be voluntary and  
20 limited to no more than 300 eligible persons. The ~~department or the board~~ shall  
21 ensure that all eligible persons are advised in a timely manner of the opportunity to  
22 participate in the pilot program and of how to apply for participation.

23          SECTION 67. 149.25 (2) (c) 2. of the statutes is amended to read:

24          149.25 (2) (c) 2. If more than 300 eligible persons apply to participate, the  
25 ~~department or the board~~ shall select pilot program participants from among those

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1 who qualify under par. (b) according to standards determined by ~~the department and~~ 26  
2 the board, except that ~~the department shall give preference to~~ eligible persons who  
3 reside in medically underserved areas or health professional shortage areas shall be  
4 given preference.

5 SECTION 68. 149.25 (3) (a) (intro.) of the statutes is amended to read:

6 149.25 (3) (a) (intro.) The ~~department~~ board shall select and contract with an  
7 organization to provide the community-based case management services under the  
8 pilot program. To be eligible to provide the services, an organization must satisfy all  
9 of the following criteria:

10 SECTION 69. 149.25 (4) of the statutes is amended to read:

11 149.25 (4) EVALUATION STUDY. The department, in consultation with the board,  
12 shall conduct a study that evaluates the pilot program in terms of health care  
13 outcomes and cost avoidance. In the study, the department shall measure and  
14 compare, for pilot program participants and similarly situated eligible persons not  
15 participating in the pilot program, plan costs and utilization of services, including  
16 inpatient hospital days, rates of hospital readmission within 30 days for the same  
17 diagnosis, and prescription drug utilization. The department shall submit a report  
18 on the results of the study, including the department's and the board's conclusions  
19 and recommendations, to the legislature under s. 13.172 (2) and to the governor.

20 SECTION 70. 450.10 (2m) of the statutes is created to read:

21 450.10 (2m) If a manufacturer or distributor fails to pay an assessment levied  
22 under s. 149.132 (3) within the time required for payment, the board may assess a  
23 forfeiture of not more than \$1,000 for each day that the payment is past due.

24 SECTION 9124. Nonstatutory provisions; health and family services.

(1) GENERAL FUND APPROPRIATIONS. Notwithstanding section 16.42 (1) (e) of the statutes, in submitting information under section 16.42 of the statutes for purposes of the 2005–07 biennial budget bill, the department of health and family services shall submit information concerning the appropriation under section 20.435 (4) (af) of the statutes as though the amount appropriated to the department under that appropriation for fiscal year 2004–05 were \$9,500,000 more than the amount in the schedule and shall submit information concerning the appropriation under section 20.435 (4) (ah) of the statutes as though the amount appropriated to the department under that appropriation for fiscal year 2004–05 were \$741,800 more than the amount in the schedule.

(2) SELECTION OF PLAN ADMINISTRATOR. The board of governors of the Health Insurance Risk-Sharing Plan shall, no later than December 1, 2003, issue a request-for-proposals under section 149.15 (3) (e) of the statutes, as created by this act, for administration of the Health Insurance Risk-Sharing Plan.

**SECTION 9324. Initial applicability; health and family services.**

(1) **HEALTH INSURANCE RISK-SHARING PLAN.** With respect to changes in plan design, including covered expenses and exclusions, deductibles, copayments, coinsurance, and out-of-pocket limits, the treatment of sections 149.14 (3) (intro.) and (a) to (r), (4), and (5) (d) and (e), 149.146 (1) (b) and (2) (a), (am) 4. and 5., and (b) (intro.) and 1., 149.15 (3) (b), and 149.17 (4) of the statutes first applies to the plan year beginning on January 1, 2004.

**(END)**